PTO/S8/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032

	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unite  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875						ess it displays a valid OMB control number.  Application or Doctor Number.			
	. · ·	- PART I (Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY				
	FOR	NAMBER FILED	HUMBER EXTRA	RATE	FEE		RATE	FEE		
	8ASIC FEE (37 CFR 1.16(a))				\$	OR		<b>s</b>		
•	TOTAL CLAIMS (37 CFR 1.16(q))	minus 20		x s=		OR	X 5 =			
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3		x s =		OR	X 8 =		1	
	MULTIPLE DEPENDENT O	LAIM PRESENT (3	7 CFR 1.16(d))	+1 =		OR			1	
	* If the difference in column 1 is less than zero, enter "0" in column 2.						+5=		1	
	B the onerence in colum	nn 1 is less than zero, en	rer "O" in column 2.	TOTAL	L	OR	TOTAL	<u> </u>	┨	
•	CLAII	MS AS AMENDED	- PART II							
	1-5-05 "	Column 1)	(Column 2) (Column 3)	SMALL	NTITY	OR		R THAN ENTITY		
		REMAINING AFTER MENDMENT	NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
recurrence un arrect of multi-	Total	Minus	<u> </u>	x .20		" 'ÖR	× - 1-0-	-	SE-790-10	
	Z independent	Minus		x : 100 .		OR	x 20)			
*	FIRST PRESENTATION	IN OF MULTIPLE DEPENDE	NT CLAIM (37 CFR 1.16(d))	+.180=		OR	+.360.			
	12-13-05	Column 1)	(Column 2) (Column 3)	TOTAL ADD'L FEE	(	OR	TOTAL ADD'L FEE			
	00 R  X  W  Total  (32 CFR 1.56(1) - 4  Independent  (31 CFR 1.56(1) - 4  X	CLAIMS EMANING AFTER ENDMENT Alinus Minus	HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR =	RATE  X S =  + S =	ADDI- TIONAL FEE	OR OR OR	X S X S X S X S X S X S X S X X X S X X X S X X X S X X X S X X X S X X X S X X X S X X X X	ADDI- TIONAL FEE		
				TOTAL ADO'L FEE		OR '	TOTAL ADD'L FEE	C		
:		D-1	and the second	10001122		OK	X00 E F E E			
		CLAIMS EMAINING AFTER	(Column 2) (Column 3) HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA	RATE	. ADDI-		RATE	ADDI-		
	-W	MENDMENT	PAID FOR		TIONAL FEE			TIONAL FEE		
	Z Total	Minus	· =			- OR	× s			
	U (31 CFR 1.15(0))	Minus		x s=		CR	x s=			
	FIRST PRESENTATIO	N OF MULTIPLE DEPENDE	NT CLAIM (37 CFR 1.16(d))	* <b>\$</b>	;	OR	:+3:			
				TOTAL		OR	TOTAL			
····	" If the 'Highest Num	ber Previously Paid For	in column 2, write "C" in column 3. IN THIS SPACE is less than 20, en IN THIS SPACE is less than 3, ent	nter "20"						

"If the "Highest Number Previously Paid For" [18 THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" [Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the infinitedual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 8ox 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.